EXHIBIT C

Exhibit
0002
McHugh

IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF NORTH CAROLINA
Case No.: 1:19-cv-272-LCB-LPA

MAXWELL KADEL, et al.,	)
	)
Plaintiffs;	)
v.	)
	)
DALE FOLWELL, in his official capacity as State Treasurer of North Carolina, et al,	)
	)
Defendants.	)

Expert Witness Declaration of
Paul R. McHugh, MD
Baltimore, Maryland 21218

Knowledge Training and Experience :

1. **Education and Training - Retention - Compensation :** After graduating from Phillips Academy, Andover, in 1948, I received an A.B. degree from Harvard College in 1952 and an MD degree from Harvard Medical School in 1956. I completed my medical internship at the Peter Bent Brigham Hospital Boston, Massachusetts (1956-57) , my residency in neurology at the Massachusetts General Hospital (1957-60) and a Neuropathology Fellowship at the Massachusetts General Hospital (1958-59). I served as a Clinical Assistant in Psychiatry at the Maudsley Hospital, London, England (1960-61) with additional training as a Member of the Neuropsychiatry Division Walter Reed Army Institute of Research, Washington, D.C. (1961-64). My professional background, experience, and publications are further detailed in the updated copy of my curriculum vitae attached as Exhibit A to this declaration. I was retained as an expert

in this case by Attorney John Knepper. I have reviewed the case Complaint and Answer and will receive no compensation for my analysis-report-testimony in this matter.

2. **Board Certifications, License History, and Practice of Medicine :** I was qualified in both Psychiatry and Neurology by the American Board of Psychiatry and Neurology. National Board of Medical Examiners, Certified #35725; American Board of Psychiatry and Neurology, Certified #9508 ; Massachusetts Registration #26021 ; New York Registration #93799 ; Oregon Registration #8693 ; Maryland Registration #D-18666

3. **Medical Staff and Faculty Appointments :** I served as Asst. Professor, then Associate Professor, then Full Professor of Psychiatry at Cornell University Medical College (1964-1971). I also served as the Founder and First Director of Bourne Behavioral Research Laboratory, Westchester Division of the New York Hospital, Department of Psychiatry, Cornell Medical College (1967-68). I then served as Professor and Chairman: Department of Psychiatry at the University of Oregon Health Sciences Center (1973-75). From 1975 to 2001, I served as the Henry Phipps Professor of Psychiatry and the director of the Department of Psychiatry and Behavioral Science at the Johns Hopkins University School of Medicine. During this time period, I also served as the psychiatrist-in-chief at the Johns Hopkins Hospital and Professor in Department of The Johns Hopkins School of Hygiene and Public Health, Mental Health (1975 -). I also served as the Chairman of the Medical Board of the The Johns Hopkins Hospital, 1984-89. I continue to serve as the University Distinguished Service Professor of Psychiatry at Johns Hopkins University School of Medicine (1998 -).

4. **Publications and Editorial Work:** I have published many peer reviewed articles in scientific journals. (See attached Curriculum Vitae). I have also published a number of books including :

Author:

McHugh, P. R. (2006). Try to Remember: Psychiatry's Clash over Meaning, Memory, and Mind. New York: DANA

McHugh, P.R. (2008). The Mind Has Mountains: Reflections on Society and Psychiatry. Baltimore, MD: Johns Hopkins University Press.

Co-author:

— Hedblom, J. H., & McHugh, P. R. (2007). *Last Call: Alcoholism and Recovery*

— Fagan, P. J., & McHugh, P. R. Sexual Disorders: Perspectives on Diagnosis and Treatment.

— Neubauer, D. N., & McHugh, P. R. Understanding Sleeplessness: Perspectives on Insomnia.

— McHugh, P. R., & Slavney, P. R. (1998). *The Perspectives of Psychiatry,* 2nd ed. Baltimore, Maryland: Johns Hopkins University Press.

Editor:

— McHugh, P. R., & McKusick. Eds. (1990). *Genes, Brain, and Behavior.The Perspectives of Psychiatry (*1983 with Phillip R. Slavney)

I also served as an Editor or Reviewer for the following Journals:

Editorial Positions: 1. Associate Editor for the American Journal of Physiology: Regulatory, Integrative and Comparative Physiology, 1982 - 1996; President, Association for

Research in Nervous and Mental Disease (ARNMD), December 1989, "Genes, Brain and Behavior"

Editorial Boards: The Journal of Nervous and Mental Disease, Comprehensive Psychiatry, Medicine, Psychological Medicine, The Johns Hopkins University Press, International Review of Psychiatry, The American Scholar

Book Service Editorial Boards: The Handbook of Psychiatry, Cambridge University Press ; The Scientific Basis of Psychiatry, Cambridge University Press; Brill's Studies in Epistemology, Psychology and Psychiatry ; The Handbook of Behavioral Neurobiology; and The Johns Hopkins Series in Contemporary Medicine and Public Health.

5. **Awards :** In 1992, I was elected to the Institute of Medicine (IOM) - National Academies of Science (now known as the National Academy of Medicine). In 2001, I was appointed by President George W. Bush to the President's Council on Bioethics. I have received a number of Fellowships including those from the American College of Physicians, the American College of Psychiatrists, the American Psychiatric Association, and the Royal College of Psychiatrists. Other awards include:

William C. Menninger Award, American College of Physicians, 1987.

The Distinguished Achievement Award, The New York Hospital-Cornell Med. Center, Ctr. Alumni Council, 1988.

The Johns Hopkins University Alumni Association Excellence in Teaching Award, 1992.

Joseph Zubin Award of the American Psychopathological Association, 1995.

Distinguished Service Award, The American College of Psychiatrists, 2002.

Visiting Scholar, The Phi Beta Kappa Society, 2003-2004.

Distinguished Life Fellow, American Psychiatric Association, 2003.

Paul Hoch Award of the American Psychopathological Association , 2006.

Rhoda and Bernard Sarnat International Award in Mental Health of the Institute of Medicine, 2008.

Distinguished Career Award. Society for the Study of Ingestive Behavior, 2009.

Doctor Honoris Causa. University of Zaragoza, Spain, 2012.

6. Research Grants : Principal Investigator for research grants from the National Institutes of Health: A. Hormonal Studies in Depression. 1964 - 1968 ; B. Establishment of a primate research resource. 1967 - 1970 ; C. Hypothalamic studies in endocrinology. 1970 - 1974 ; D. #R01AM18554 Hypothalamus in Feeding Behavior. 1975- 1985 ; E. #R01AM19302 Gastrointestinal Integration and Feeding. 1985-95. (Became Co Principal Investigator in 1989, T.H. Moran became Principal Investigator). (See attached Curriculum Vitae).

7. **Psychiatric Misadventures *:*** In 1992, I published McHugh, P.R. *Psychiatric Misadventures*. The American Scholar, 61:497-510, 1992. This essay was selected and reprinted in The Best American Essays, 1993. ed. R. Atwan, Publisher, Ticknor & Fields, New York. An important part of my career has been engaged in observing and warning the public and mental health professions about Psychiatric Misadventures. I think this scientific, clinical, and health care system history will be helpful to the court in the Kadel v. Folwell case.

8. **The Psychiatric Misadventure of Lobotomies - a Tragic Psychiatric Misadventure that Damaged Tens of Thousands of Patients, Robbing Them of Their Emotions and Personality:**

A lobotomy, or leucotomy, is a form of psychosurgery, a neurosurgical treatment for mental disorders that involves severing severing prefrontal cortex connections in the patient's brain. The peak of the lobotomy era was earlier than my training, teaching, and practice but I learned much from the history of this bio-medical disaster. This "treatment" — received much attention, endorsement, and even awards as neurologist Antonioa Egas Moniz, shared the Nobel

Prize for Physiology or Medicine in 1949 for the "discovery of the therapeutic value of leucotomy in certain psychoses". By 1951, nearly 20,000 lobotomies had reportedly been performed in the United States and proportionally more in the United Kingdom. British psychiatrist Maurice Partridge, who conducted a follow-up study of 300 patients, reported that the treatment achieved its effects by "reducing the complexity of psychic life". Following the operation, "spontaneity, responsiveness, self-awareness, and self-control were reduced. The activity was replaced by inertia, and people were left emotionally blunted and restricted in their intellectual range." Many of these patients were left with with severe and disabling impairments. Proper informed consent was not obtained for these experimental "treatments". Surgeon Walter Freedman, who used the procedure widely, coined the term "surgically induced childhood" to refer to the results of lobotomy. [See, e.g., Partridge, Maurice. *Pre-frontal leucotomy:*. Oxford: Blackwell Scientific Publications; 1950.] Currently, the lobotomy era is viewed as an unethical psychiatric misadventure and an assault on the rights, health, and personalities of vulnerable patients. Like the infamous Tuskeegee research, and the horrific experiments of the Nazis and Imperial Japan in WWII, lobotomies are a textbook example of why informed consent protections are vital for patient safety and dignity.

7. **Early Warnings about the Methodological Limitations of a Psychiatric Dictionary — the Diagnostic and Statistical Manual of Mental Disorders (DSM) of the American Psychiatric Association — a Psychiatric Misadventure of Assessment and Diagnosis:**

In 1997, I testified in the *Rhode Island vs. Quattrochi* case Daubert hearing that the Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association (DSM) was essentially a dictionary based on consensus-seeking voting methodologies rather

than evidence-seeking scientific methodologies. [See, Grove, W. M. and Barden, R.C. (2000) Protecting the Integrity of the Legal System : The Admissibility of Testimony from Mental Health Experts Under Daubert/Kumho Analyses, Psychology, Public Policy and Law, Vol 5, No. 1, 234-242.] In 2012, I published an essay in *The New England Journal of Medicine* (with co-author Phillip R. Slavney) seeking reforms to the Diagnostic and Statistical Manual of Mental Disorders (DSM) of the American Psychiatric Association which was soon to be published in its fifth edition. One of our main criticisms contended that the DSM used a top-down checklist approach to diagnosis rather than a thorough bottom-up approach. We compared the DSM to a field guide used by amateur birders to identify birds. It is important for legal professionals to understand that the DSM was created using a consensual, political process of committees and voting methodologies. Voting by committees is not a reliable-valid scientific, evidence-based process. The DSM was thus not built using uniformly valid and reliable scientific processes. In the DSM methodology, small groups of professionals, some with ideological or personal agendas, would form committees and create diagnoses to be "voted" into the DSM. The field has increasingly come to see the DSM as controversial and in need of reforms.

The limitations of the DSM methodology are now well known leading to calls for corrections from the relevant scientific community. See, e.g., Lee, C., *The NIMH Withdraws Support for DSM-5: The latest development is a humiliating blow to the APA*. Psychology Today News Blog at https://www.psychologytoday.com/us/blog/side-effects/201305/the-nimh-withdraws-support-dsm-5 ["Just two weeks before DSM-5 is due to appear, the National Institute of Mental Health, the world's largest funding agency for research into mental health, has indicated that it is withdrawing support for the APA's manual. In a humiliating blow to the

American Psychiatric Association, Thomas R. Insel, M.D., Director of the NIMH, made clear the agency would no longer fund research projects that rely exclusively on DSM criteria. Henceforth, the NIMH, which had thrown its weight and funding behind earlier editions of the manual, would be reorienting its research away from DSM categories."] ; See, also U.S. National Institute of Mental Health Director Thomas Insel on Transforming Diagnosis, April 29, 2013, See, https://www.nimh.nih.gov/about/directors/thomas-insel/blog/2013/transforming-diagnosis.shtml "Unlike our definitions of ischemic heart disease, lymphoma, or AIDS, the DSM diagnoses are based on a consensus about clusters of clinical symptoms, not any objective laboratory measure. In the rest of medicine, this would be equivalent to creating diagnostic systems based on the nature of chest pain or the quality of fever. Indeed, symptom-based diagnosis, once common in other areas of medicine, has been largely replaced in the past half century as we have understood that symptoms alone rarely indicate the best choice of treatment. Patients with mental disorders deserve better. NIMH has launched the Research Domain Criteria (RDoC) project to transform diagnosis by incorporating genetics, imaging, cognitive science, and other levels of information to lay the foundation for a new classification system."] In my opinion, the view that the DSM is insufficiently reliable and in need of methodological reforms is generally accepted by the relevant scientific community.

The unreliability of the DSM assessment process is important to understanding defects in transgender treatment methodologies. Patients are diagnosed with a DSM checklist for "gender dysphoria" and sent down a road towards potential sterility or other damages to normal, healthy organs based solely on unverified patient reports and the DSM checklist process. This inherently

unreliable process may explain in part why research in this field indicates an ongoing lack of understanding of how to help these vulnerable, suffering patients.

8. **Early Warnings to Protect Patients from the Predicted Iatrogenic Damages of the "Repressed Memory Therapy" and "Multiple Personality Disorder" Industries — a Psychiatric Misadventure that damaged tens of thousands of patients and families:**

In the early 1990s, I took the — very unpopular at the time — public position that "repressed childhood memories of trauma" , "recovered memory therapy" (RMT), and "multiple personality disorder" (MPD) were psychiatric misadventures employing unreliable, unscientific notions and methods that posed dangers to patients and to the integrity of the mental health system. See, McHugh, P.R., *Psychiatric Misadventures*, The American scholar, January 1993 ; McHugh, P.R. Resolved: Multiple Personality Disorder is an Individually and Socially Created Artifact. J. of the Amer. Academy of Child and Adolescent Psychiatry, 34:7 1995; McHugh, P.R. Witches, multiple personalties, and other psychiatric artifacts. Nature Medicine, 1:2 110-114, 1995 ; and McHugh, P.R. Multiple Personality Disorder—A Socially Constructed Artifact. J. of Practical Psychiatry and Behavioral Health, 1:3 158-166, 1995. By the end of the 1990s, after many dozens of research studies, dozens of civil malpractice lawsuits against "recovered memory" and "MPD" therapists, the closing of several RMT-MPD clinics, multiple media exposes, and several licensing revocations of RMT-MPD industry leaders, these treatments largely collapsed saving tens of thousands of patients and families from harm.

It is now well documented that the RMT-MPD misadventure was perhaps the worst disaster to befall the mental health system since lobotomies. See Pendergrast, M. (2017). *The repressed memory epidemic: How it happened and what we need to learn from it.* New York, NY: Springer ; See also, Barden RC: *Reforming the Mental Health System: Coordinated,*

Multidisciplinary Actions Ended "Recovered Memory" Treatments and Brought Informed Consent to Psychotherapy. Psychiatric Times. 2014;31(6): June 6, 2014. In sum, the field has come to agree that the RMT-MPD industries were indeed another Psychiatric Misadventure.

9. Early Warnings have not been Used to Protect Patients from the Documented Methodological Errors and Predicted Iatrogenic Damages of the Transgender Treatment Industry - yet another Psychiatric Misadventure :

Many years ago, our clinical experiences and research at Johns Hopkins led to the closing of the transgender clinic. Research showed insufficient benefits for the risks involved in such experimental, unproven treatments on vulnerable patients. Like lobotomies, the RMT-MPD industries, and over-reliance on the DSM, the Transgender Treatment Industry is a Psychiatric Misadventure based upon failures to apply proper scientific methodologies and patient protections. The DSM, the RMT-MPD industries and the Transgender Treatment Industries are all examples of failures to avoid confirmation bias, that is failures to properly generate and rigorously test alternative hypotheses without regard for ideological preconceptions. The key motivation of a psychiatrist and all physicians should be to develop, scientifically validate, and then apply the very best and most effective treatments to relieve the suffering of patients — not rapidly apply untested but "politically correct" treatments.

In recent years, this controversial field has faced increasing scrutiny as national research reviews in England, Sweden, and Finland as well a Cochrane Review and studies by multiple researchers have concluded that the evidentiary base for these experimental treatments is weak and demonstrates few benefits or actually shows this procedures can cause more harm than good. The rapid expansion in the number of patients and the rapid demographic shift in patients demonstrate how little we know about these troubles. Faced with overwhelming life problems

and chronic psychiatric illness, some patients seek a simple solution for their suffering. Whether its "recovered memories", "multiple personalities" or "transgender transitioning" such patient can pin their hopes upon this newly ascribed solution to complex life problems. This enormous increase in cases in the US and Europe cannot be explained and was not predicted by the movement's genetic, biological, "brain structure" or "immutable" theories of the etiology of gender discordance.

In contrast, the exponential growth in patients was indeed predicted and is readily explained by a social contagion theory — the same process by which adopting repressed memories and multiple personalities came to damage so many tens of thousands of lives. See, Hruz, PW, Mayer, LS, and McHugh, PR, "Growing Pains: Problems with Puberty Suppression in Treating Gender Dysphoria," The New Atlantis, Number 52, Spring 2017 pp. 3 -36; See also, Van Mol, A., Laidlaw, M. K., Grossman, M., McHugh, P. , Gender-Affirmation Surgery Conclusion Lacks Evidence, Am J Psychiatry 177:8, August 2020 ajp.psychiatryonline.org 765.

10. **The Transgender Treatment Industry Has Come Under Increasing Criticism In Recent Years as Methodological Errors and Systemic Failures have been publicly aired and debated including: (See Detailed Notes and Research-Review Citations attached).**

A) Current transgender theories failed to predict the widely reported exponential increase in cases (i.e. this is clearly not due to genetics, "brain structures", or "immutability"… social contagion seems more likely).

B) Current transgender theories failed to predict the rapid and unusual changes in patient demographics (from young boys with early onset-chronic dysphoria to adolescent females with rapid onset of gender dysphoria symptoms.

C) The Transgender Treatment Industry has failed to conduct competent randomized clinical trials to assess the safety and effectiveness of treatments despite offering "treatments" for 50 years.

D) The Transgender Treatment Industry has failed to conduct competent, rigorous long-term treatment outcome research despite having 50 years to do so.

E) The Transgender Treatment Industry has failed to conduct competent research on the social contagion theory in an attempt to understand the rapid increase in patients and demographic shift — in fact, they tried to suppress such research. This is true even though psychiatry has known for many years that some psychiatric disorders can be influenced by the peer group dynamics of adolescent girls. (e.g., eating disorders). See, e.g. L. Littman (2018), Parent Reports of Adolescents & Young Adults Perceived to Show Signs of a Rapid Onset of Gender Dysphoria, PLoS ONE 13(8): e0202330.

F) The Transgender Treatment Industry has failed to properly and fully inform patients and the public of the serious risks, dangers, controversies, and methodological shortcomings of the current experimental treatments offered.

G) The Transgender Treatment Industry has tragically failed to acknowledge and properly learn from and adapt to the valid criticisms. The industry has yet to admit and advance beyond its scientific and clinician flaws, errors, and mistakes. Until it does, it will continue on as an example of a Psychiatric Misadventure.

11. **SUMMARY OPINIONS:** It is my opinion, to a reasonable degree of medical certainty that:

— There are currently no long-term, peer-reviewed published, reliable and valid, research studies documenting the number or percentage of patients receiving gender affirming medical interventions who are ***helped*** by such procedures.

— There are no long-term, peer-reviewed published, reliable and valid, research studies documenting the number or percentage of patients receiving gender affirming medical interventions who are ***injured or harmed*** by such procedures.

— There are no long-term, peer-reviewed published, reliable and valid, research studies documenting the reliability and validity of *assessing* gender identity by relying solely upon the unverified statements of a patient.

— A currently unknown number (but likely larger than 50%) of patients reporting gender dysphoria suffer from psychiatric illness(es) that can complicate and may distort their judgments and perceptions of gender identity.

— A currently unknown percentage and number of patients — many of them adolescent females — reporting gender dysphoria have been heavily influenced and/or manipulated by a source of social contagion — peer group, social media, YouTube influencers, therapists, and/or parents. Detailed psycho-social investigations of such patients — sometimes over a period of years — may be necessary to better understand the psychiatric-psychological-and neurological complexities of reported gender discordance.

— Patients suffering from gender dysphoria or related issues ***have a right to be protected*** from experimental, potentially harmful treatments lacking reliable and valid, peer reviewed, published, long-term scientific evidence of safety and effectiveness.

— Multiple research studies have shown that a large percentage of children (over 80% in some studies) who initially reported gender discordance will, ***if simply left alone***, develop a natural acceptance of their natal (biological) sex. Halting this natural healing process with hormones or surgery — when there are no reliable ways to predict which children will heal on their own — is an improper and experimental process that will produce lasting damage to many children.

— Medical treatments may differ significantly by sex according to chromosomal assessment but not by gender identity. ***Misinforming physicians of a patient's biological sex*** can have deleterious effects on treatment for a variety of medical conditions.

— Affirmation ("transgender transitioning") medical treatments — hormones and surgery — for gender dysphoria and "transitioning" remain unproven and have thus ***not been accepted by the relevant scientific communities*** (biology, genetics, neonatolgy, medicine, psychiatry, psychology, etc).

— Affirmation ("transgender transitioning") medical treatments — hormones and surgery — for gender dysphoria and "transitioning" remain unproven and poorly researched and thus ***have no known, peer reviewed and published error rates*** — these treatments methods lack demonstrated, reliable and valid error rates.

— Professional and political associations WPATH, the American Medical Association, the American Academy of Pediatrics, the American Endocrine Society, etc. are **not** the relevant scientific community, they are organizations that rely upon consensus-seeking methodologies including voting rather than careful, prudent, evidence-based, Popperian-testable scientific methodologies.

12. LIMITATIONS ON EXPERT WITNESS REPORTS: - RETENTION - COMPENSATION: My opinions and hypotheses in this matter are — as all expert reports — subject to the limitations of documentary and related evidence, the impossibility of absolute predictions, as well as the limitations of social, biological, and medical science. I have not met with, nor personally interviewed, anyone in this case. As always, I have no expert opinions regarding the veracity of witnesses in this case. I have not yet reviewed all of the evidence in this case and my opinions are subject to change at any time as new information becomes available to me. Only the trier of fact can determine the credibility of witnesses and how scientific research may or may not be related to the specific facts of any particular case. In my opinion, a key role of an expert witness is to help the court, lawyers, parties, and the public understand and apply reliable scientific, technical, and investigative principles, hypotheses, methods, and information. I have transmitted this confidential expert report directly to Attorney John Knepper (john@knepperllc.com) for distribution as consistent with the laws of the appropriate jurisdiction for this case.

Pursuant to 28 U.S.C § 1746, I declare under penalty of perjury under the laws of the United States of America that my foregoing report in the Kadel v. Folwell case is true and correct.

Signed: _____ **Date:** _____

Paul R. McHugh, MD

12. LIMITATIONS ON EXPERT WITNESS REPORTS: My opinions and hypotheses in this matter are — as all expert reports — subject to the limitations of documentary and related evidence, the impossibility of absolute predictions, as well as the limitations of social, biological, and medical science. I have not met with, nor personally interviewed, anyone in this case. As always, I have no expert opinions regarding the veracity of witnesses in this case. I have not yet reviewed all of the evidence in this case and my opinions are subject to change at any time as new information becomes available to me. Only the trier of fact can determine the credibility of witnesses and how scientific research may or may not be related to the specific facts of any particular case. In my opinion, a key role of an expert witness is to help the court, lawyers, parties, and the public understand and apply reliable scientific, technical, and investigative principles, hypotheses, methods, and information. I have transmitted this confidential expert report directly to John Knepper (john@knepperllc.com), for distribution as consistent with the laws of the appropriate jurisdiction for this case.

Pursuant to 28 U.S.C § 1746, I declare under penalty of perjury under the laws of the United States of America that my foregoing report in the Kadel v. Folwell case is true and correct.

Signed: Paul R. McHugh **Date:** 5/1/21

Paul R. McHugh, MD

Exhibit A

Curriculum Vitae

PAUL R. McHUGH, M.D.

Home address:	3707 St. Paul Street Baltimore, Maryland 21218
Born:	May 21, 1931
Place of Birth:	Lawrence, Massachusetts
Marital Status:	Married: Wife's name Jean, 3 children
Schooling:	Phillips Academy, Andover, 1948 Harvard College, A.B., 1952 Harvard Medical School, M.D., 1956
Medical Internship:	Peter Bent Brigham Hospital Boston, Massachusetts (1956-57)
Neurology Residency:	Massachusetts General Hospital (1957-60)
Neuropathology Fellow:	Massachusetts General Hospital (1958-59)
Teaching Fellow in Neurology and Neuropathology:	Harvard Medical School (1957-60)
Clinical Assistant in Psychiatry:	Maudsley Hospital, London, England (1960-61)
Member Neuropsychiatry Division:	Walter Reed Army Institute of Research, Washington, D.C. (1961-64)
Assistant Professor of Psychiatry and of Neurology:	Cornell University Medical College (1964-68)
Associate Professor of Psychiatry and of Neurology:	Cornell University Medical College (1968-71)
Professor of Psychiatry and of Neurology:	Cornell University Medical College (1971)
Director of Electroencephalography:	The New York Hospital (1964-68)

Founder and First Director:	Bourne Behavioral Research Laboratory, Westchester Division of the New York Hospital, Department of Psychiatry, Cornell Medical College (1967-68)
Clinical Director and Supervisor of Psychiatric Education:	Westchester Division of the New York Hospital, Department of Psychiatry (1968-73)
Professor and Chairman:	Department of Psychiatry University of Oregon Health Sciences Center (1973-75)
Henry Phipps Professor of Psychiatry and Director:	Department of Psychiatry and Behavioral Sciences, The Johns Hopkins University School of Medicine, 1975 - 2001
Psychiatrist-in-Chief:	The Johns Hopkins Hospital, 1975 - 2001
Professor in Department of Mental Health:	The Johns Hopkins School of Hygiene and Public Health, 1975 -
Director: Blades Center for Clinical Practice and Research in Alcoholism	The Johns Hopkins Medical Institutions, 1992 -2001
University Distinguished Service Professor of Psychiatry	The Johns Hopkins University, 1998 -

Qualified in both Psychiatry and Neurology by the American Board of Psychiatry and Neurology.
National Board of Medical Examiners, Certified #35725
American Board of Psychiatry and Neurology, Certified #9508
Massachusetts Registration #26021
New York Registration #93799
Oregon Registration #8693
Maryland Registration #D-18666

<u>Selective Administrative Responsibilities</u>

Chairman of the Associate Professor Promotions Committee:	The Johns Hopkins University School of Medicine, 1978-84
Chairman of the Medical Board:	The Johns Hopkins Hospital, 1984-89

Chairman of the Professorial Promotions Committee:	The Johns Hopkins University School of Medicine, 1985 - 1991
Member of Management Advisory Committee:	The Johns Hopkins Health System, 1989 - 1996
Board of Trustees/Advisors:	The Kennedy Krieger Research Institute, Inc., 1993 - 2001 The Johns Hopkins Hospital (ex-officio), 1984 – 1989 Association for Research in Nervous and Mental Disease, 1987 - The College of Notre Dame of Maryland, 1999 – 2005 False Memory Syndrome Foundation, 1993 – President, Johns Hopkins Chapter, Phi Beta Kappa, 2001 - 2002 President's Council on Bioethics, 2001 – 2008 United States Conference of Catholic Bishops National Review Board, 2002 - 2007
Fellowships:	American College of Physicians American College of Psychiatrists American Psychiatric Association Royal College of Psychiatrists
Memberships:	Alpha Omega Alpha American Academy of Clinical Psychiatrists American Association of Chairmen of Departments of Psychiatry American College of Neuropsychopharmacology American Medical Association American Neurological Association American Physiological Society Association for Research in Nervous and Mental Disease Baltimore City Medical Society Eastern Psychological Association Harvey Society International Society of Psychoneuroendocrinology Maryland Psychiatric Society Medical and Chirurgical Faculty of the State of Maryland New York Academy of Sciences Order of Malta Phi Beta Kappa The Pavlovian Society The Peripatetic Club Sigma XI Society of Biological Psychiatry Society for Neuroscience

Research Advisory Groups:	Bio-Psychology Study Section, NIH, 1985 - 86 Chairman, Bio-Psychology Study Section, 1986 - 89 American Federation for Aging Research (AFAR) Scientific Council of NARSAD (National Alliance for Research on Schizophrenia and Depression, 1986 - Scientific and Professional Advisory Board of FMS (False Memory Syndrome) Foundation, 1992 - Co-Chairman, Ethics Committee of American College of Neuropsychopharmacology (ACNP), 2001 - 2003
Editorial Positions:	1. Associate Editor *American Journal of Physiology* Regulatory, Integrative and Comparative Physiology, 1982 - 1996 2. President, Association for Research in Nervous and Mental Disease (ARNMD), December 1989, "Genes, Brain and Behavior"
Editorial Boards:	The Journal of Nervous and Mental Disease *Comprehensive Psychiatry* *Medicine* *Psychological Medicine* The Johns Hopkins University Press *International Review of Psychiatry* *The American Scholar*
Book Service Editorial Boards:	*The Handbook of Psychiatry*, Cambridge University Press *The Scientific Basis of Psychiatry*, Cambridge University Press *Brill's Studies in Epistemology, Psychology and Psychiatry* *Handbook of Behavioral Neurobiology* *The Johns Hopkins Series in Contemporary Medicine and Public Health*
Grants:	Principal Investigator from the United States Public Health Service, N.I.H. Training: 1. NIH Clinical Traineeship 1960 - 1963 2. Interdisciplinary Training Program in Psychiatry and Neuroscience (Director) 1990 – 1996

Principal Investigator for research grants from the National Institutes of Health:

1. Hormonal Studies in Depression. 1964 - 1968
2. Establishment of a primate research resource. 1967 - 1970
3. Hypothalamic studies in endocrinology. 1970 - 1974
4. #R01AM18554 Hypothalamus in Feeding Behavior. 1975-1985.
5. #R01AM19302 Gastrointestinal Integration and Feeding. 1985-95. (Became Co-Principal Investigator in 1989, T.H. Moran became Principal Investigator).

Awards and Honors:

William C. Menninger Award, Amer. College of Physicians, 1987.

The Distinguished Achievement Award, The New York Hospital-Cornell Med. Center, Ctr. Alumni Council, 1988.

Member, Institute of Medicine, National Academy of Sciences,1992.

The Johns Hopkins University Alumni Association Excellence in Teaching Award, 1992.

Joseph Zubin Award of the American Psychopathological Association, 1995.

Distinguished Service Award, The American College of Psychiatrists, 2002.

Visiting Scholar, The Phi Beta Kappa Society, 2003-2004.

Distinguished Life Fellow, American Psychiatric Association, 2003.

Paul Hoch Award of the American Psychopathological Association , 2006.

Rhoda and Bernard Sarnat International Award in Mental Health of the Institute of Medicine, 2008.

Distinguished Career Award. Society for the Study of Ingestive Behavior, 2009.

Doctor Honoris Causa. University of Zaragoza, Spain, 2012.

Representative Sample of Invited Lectures:

Distinguished Guest Lecturer at the Annual Meeting of The Royal College of Psychiatrists, London, England, July 5, 1978.

The Charles Getz, M.D. Memorial Lecture, The University of Maryland, School of Medicine, Baltimore, MD, March 6, 1979.

Dean's Lecture, The Johns Hopkins Medical Institutions Baltimore, MD, November 13, 1978.

Phineas J. Sparer Distinguished Visiting Professor, University of Tennessee, Memphis, TN, May 16, 1984.

Eastern Psychological Association Annual Meeting, New York, April 25, 1986.

Litchfield Lecturer, Univ. of Oxford, Oxford, England, June 1986.

Chairman, Symposium on Role of the Stomach in Regulation of Satiety. FASEB, Washington, D.C., March 31, 1987.

Telford Lecturer, Washington and Lee University, Lexington, Virginia, April 28, 1988.

Harvey Shein Memorial Lecturer. American Association of Directors of Psychiatric Residency Training, New Orleans, Louisiana, January 13, 1990.

Robert O. Jones Memorial Lecturer. Dalhousie University Medical School, Halifax, Nova Scotia, Canada, March 23, 1990.

Hasenbush Visiting Professor, Massachusetts Mental Health Center, Harvard Medical School, Boston, Mass., January 30, 1991.

Mapother Lecturer, Maudsley Hospital, Institute of Psychiatry, London, England, November 4, 1992.

William Paley Lecturer, Department of Medicine, Cornell Medical College, New York Hospital, February 4, 1993.

Theodore E. Woodward Lecturer, University of Maryland, April 15, 1993.

Sister Virgina Geiger Lecturer, College of Notre Dame of Maryland, Baltimore, Maryland, May 9, 1995.

Phi Beta Kappa Address, Washington & Lee University, Virginia, March 7, 1996.

Biele Lecturer, Thomas Jefferson University, Philadelphia, Pennsylvania, April 10, 1996.

Weniger Lecturer, University of Pittsburgh Medical Center, Pittsburgh, Pennsylvania, April 26, 1996.

Taylor Lecturer in Neuropsychiatry, University of Maryland School of Medicine, Baltimore, Maryland, April 24, 1997.

Tumulty Lecturer, Johns Hopkins University School of Medicine, Baltimore, Maryland, May 14, 1997.

Mendelsohn Lecturer, New England Medical Center, Boston, Massachusetts, April 16, 1998.

Denny Brown Lecturer, Beth Israel Deaconess Hospital, Boston, Massachusetts, May 18, 2000.

Raymond D. Adams Honorary Lecture, Massachusetts General Hospital, Boston, Massachusetts, June 8, 2000.

Distinguished Psychiatrist Lecture, American Psychiatric Association, May 7, 2001.

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